

CLINICAL FORM ONE

EMERGENCY DEPARTMENT

THOMAS JEFFERSON UNIVERSITY HOSPITAL

TIME SEEN / PHYSICIAN NAME 1245 / Cornin		TEST RESULTS	
S	56 yo W ^M interpreted family reports staggered up stairs and fell ~ 3-4 ft onto chest/head. Gloc remained on floor 5 mins. Pt's complaint: @@@@ GSS IF Denies other Drugs. @ Pustules / Meas / Allergy. had 80% for 1st @ SSODA when 120%.	SMAUG NA K CL COZ I DUN G 137 / 102 / 170	
O	W ^M NAD AOD / Banded / called / NAD POWA 2-21 b/c. arms playe/fun - clean mech simple wt to palm dskoff midh. Car-pn 5'10m huge clean b/c. vntub. Ht soft vtvt/wd pss. BACK: wt to palm. Ept nsto Rfge. @ Abax / lge. / HT @ Rubber. UROD AAOX3, NO Local Definit.	ABG PH POZ PCO HCO3 O2 SAT 15 ED L	
A Initial	IN RE Tell Pearl CAT	CRY PTFTT CSI AL	
P Initial	RANDY Dicko Home C Tony	THE DIL OST DX	
A Final		C + S CX	
P Final		PT 28	
MEDICAL ORDERS / TREATMENT		X-RAY / GATE SCAN	
Ht elevated. Adipose. Check for above Appropode.		Coping Nly	
NAME: REVAK, ROBERT DOB: 05/27/1937 AGE: 056Y SEX: M TRA LEV: 1 ARR DT: 04/03/94 ARR TM: 0659- LAST ED END#: WK COMP: HMO: APPROVL FLG: CNTCT NAME: PAT PHONE: 215 563 7792 CALL TO RTMNT DT: 04/03/94 TM: 0050 EMPLOYER NAME: FAMILY PHYS: STD CONC: FALL CONTACTED: N PHONE:		FORM COPY# 1	
ADTL INFO:			
MED HIST/DISE/FQ:			
ALLERGIES:			
LAST MENSTRL PD: TEMP: MOHD: PULSE: LAST TETNS: RESP: WGM: KGS ASSN AREA: IR CATG: TRIAGE DT: / / TK: TRI NUR: DATE OF HAVE WRITTEN A/D? DOES THE HAVE COPY?		DATE:	
HOUSE STAFF SIGNATURE: [Signature] RN SIGNATURE: [Signature]		DIAGNOSED & TREATED IN MY PRESENCE AND UNDER MY SUPERVISION [Signature]	



Thomas
Jefferson
University
Hospital

EMERGENCY DEPARTMENT
955-6840

132 South 10th Street
Philadelphia, Pa. 19107-5244

CLINICAL II

LAST NAME: REVAK FIRST NAME: ROBERT
AGE: 056 SEX: M ADMISSION DATE: 04/03/94 ADMISSION TIME: 00:49
DISCHARGE DATE: 04/03/94 DISCHARGE TIME: 08:14
MR NO: 00850725 ENC NO: 381269 ED TYPE: UR
DISCHARGE DIAGNOSIS: CERVICAL STRAIN (SPRAIN OF NECK)
EMERGENCY DOCTORS ASSOCIATED WITH PATIENT ATT/RES SIGNATURES
TREATING DOCTOR: FORSTATER, ALAN T. A
COMBER, JOHN R
SOBERS-BROWN, KAREN R

CLINICIANS ASSOCIATED WITH PATIENT

CONDITION AT DISCHARGE IMPROVED
DISCHARGE DISPOSITION: RELEASED DISCHARGE
REFERRAL NAME: NONE
NAME OF CONTACT PERSON:
CONTACT PHONE: - -
FOLLOW UP Y/N N
FOLLOW UP DATE
FOLLOW UP TIME
NUMBER OF EKG'S 0
HCG TEST N
CRITICAL CARE Y/N N
CRITICAL CARE MINS

COMMENTS

DIAGNOSIS 8470 CERVICAL STRAIN (SPRAIN OF NECK)
85400 CLOSED HEAD INJURY

PROCEDURES PERFORMED BY EMERGENCY PHYSICIAN

CPT4 CODES

DIAGNOSED AND TREATED IN MY PRESENCE AND UNDER MY SUPERVISION

SIGNATURE _____

**THOMAS JEFFERSON UNIVERSITY HOSPITAL
EMERGENCY DEPARTMENT
TRAUMA FLOW SHEET**

REVAK, ROBERT
ER#00850725 -381269 05/27/1937
DT TM WAIT

DATE: 4/3/04TIME OF ARRIVAL: 1040

SIGNATURE

REVAK Robert

Allergies <u>NKA</u>	Medications <u>denies</u>	Received	Ambulance <input type="checkbox"/>	Helicopter <input type="checkbox"/>
	Last Tetanus	Police <input checked="" type="checkbox"/>	Transfer From <input type="checkbox"/>	
Type	Driver <input type="checkbox"/>	GSW <input type="checkbox"/>	Pre-hospital Treatment	Prenatification
Motorcycle <input checked="" type="checkbox"/>	Passenger <input type="checkbox"/>	Stabwound <input type="checkbox"/>		Yes <input type="checkbox"/> Time
Fall <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Assault <input type="checkbox"/>		No <input type="checkbox"/>
Industrial <input type="checkbox"/>	Seat Belt <input type="checkbox"/>	Other <input type="checkbox"/>	PMH <u>denies</u>	Time of Incident
	Helmet <input type="checkbox"/>			<u>11:00 AM</u>

INITIAL ASSESSMENT

Primary Survey

AIRWAY

Size	
<input checked="" type="checkbox"/> Clear/Natural	
<input type="checkbox"/> Suctioned	
<input type="checkbox"/> Oral	
<input type="checkbox"/> ET Tube	

BREATHING

Respirations	<u>16</u>	Rate
<input checked="" type="checkbox"/> Spontaneous		
<input type="checkbox"/> Assisted		
<input type="checkbox"/> Controlled		
Effort	<input type="checkbox"/> Normal <input type="checkbox"/> Retracted	
	<input type="checkbox"/> Shallow <input type="checkbox"/> None	

Trachea	<input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated L R
---------	---

Chest Wall Stability	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
----------------------	---

Subcutaneous Emphysema	<u>none</u>
------------------------	-------------

Supplemental O ₂	
-----------------------------	--

CIRCULATION

Heart Rate	<u>58</u>
Rhythm	<u>SK</u>
JVD distention	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Capillary Refill	<input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> None

Gross hemorrhage: ☐ Yes ☒ No

Area	
Skin	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist
	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool
Color	

Neuro/GSC total
E 4 V 5 M 6

Pupils R	<u>N</u>	<u>S</u>
L	<u>S</u>	<u>N</u>
Size	<u>1.5</u>	<u>1.5</u>

CSF Leak	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Ears <input type="checkbox"/> R <input type="checkbox"/> L
	<input type="checkbox"/> Nose <input type="checkbox"/> R <input type="checkbox"/> L

Motor Strength	
Upper	<u>R 5 L 5</u>
Lower	<u>R 5 L 5</u>

Temp ☐ Method Po R Ax otherP ☐ RR ☐ BP 110/64

Secondary Survey

Head	<u>5 lacerations, abrasions, obvious trauma</u>
Chest	<u>(=) 13 L breast sounds chest NT palpable</u>
Abdomen	<u>Soft NT undistended</u>
Pelvis	<u>stable</u>
GU	<u>no gross blood @ meatus</u>
Extremities	<u>5 obvious trauma, deformities</u>

TRAUMA RESPONSE

	Level I*	Level II	Time:
Name	Response Times	Consults:	Response Times
ED Physician*	<u>J. R. R. in dept</u>		
Surgical Resident*			
Trauma Attending			
Radiology Technician*			
Operating Room Supervisor*			
NCC/Nursing Supervisor*			
Blood Bank			
Anesthesia			
Respiratory Therapist			

TRAUMA SCORE (RTS)

RESP RATE/HR
 10-29 4
 > 29 3
 8-9 2
 1-5 1
 none 0

SYSTOLIC B/P

> 89 4
 76-89 3
 50-75 2
 1-49 1
 no pulse 0

GCS

13-15 4
 9-12 3
 6-8 2
 4-5 1
 3 0

EYES OPEN

SPONTANEOUS 4
 TO VOICE 3
 TO PAIN 2
 NONE 1

VERBAL RESPONSE

ORIENTED 5
 CONFUSED 4
 INAPPROPRIATE 3
 WORDS 2
 INCOMPREHENSIVE 1
 NONE 0

MOTOR RESPONSE

OBEY COMMAND 6
 LOCALIZES PAIN 5
 WITHDRAWS (PAIN) 4
 FLEXION (PAIN) 3
 EXTENSION (PAIN) 2
 NONE 1

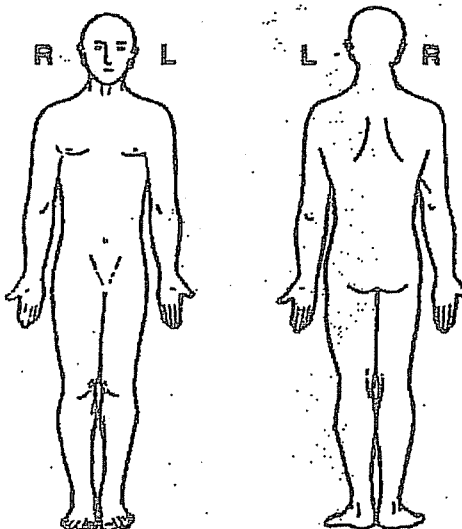
Pupils: mm

2 4
 6 8

REACTION
 N-NORMAL
 S-SLUGGISH
 F-FIXED

MOTOR
 S-STRONG
 M-MODERATE
 W-WEAK
 A-ABSENT

SKIN SURFACE: C-CLOSED WOUND;
 O-OPEN WOUND; G-GUNSHOT; S-STAB WOUND;
 D-DEFORMITY; A-ABRASION; % BURNS;
 AMP-AMPUTATION; X-TENDERNESS



N. REVAK, ROBERT

ER#00850725 -381269 05/27/19
 M DT TM WAI

D

SIGNATURE

Revak, Robert

IMMOBILIZATION

Time Initiated _____ D/C _____
 _____ Cervical Collar _____
 _____ Sand Bags _____
 _____ Short Spine Board _____
 _____ Long Spine Board _____
 _____ Head Taped _____
 _____ Traction _____
 _____ Shock Trousers _____
 _____ Restraints _____

X-RAYS PERFORMED

Time _____
 _____ C-Spine _____ Extremities _____
 _____ Crosstable _____
 _____ Complete Series _____
 _____ T-Spine _____
 _____ L-Spine _____
 _____ Chest _____ CT Scan _____
 _____ Erect _____ Pelvis _____
 _____ Supine _____ Other _____

TIME	TEMP	HEART RATE	RHYTHM	RESP. RATE	BP	ARTERIAL/CUFF	PULSE OX	URINARY OUTPUT	LEVEL OF CONSCIOUSNESS				PUPIL		MOTOR			
									EYES OPEN	VERBAL RESPONSE	MOTOR RESPONSE	TOTAL GCS	SIZE	REACT	LEFT	RIGHT	UPPER	LOWER
0511	78	SL	16	14	110/70				4	5	6	15	4	5	S	S	S	S
0530	68		16	110/70					4	5	6	15			S	S	S	S
0600	85		12	110/70					4	5	6	15	4	5	S	S	S	S

NAME

MR. GUNTER: Yes.

REVAK, ROBERT
ER#00850725 -381269 05/27/1937
DT TM WAIT

STANDARD

Total IV Intake

P.C. Intake

Time	Size
_____ Foley	_____
_____ Chest Tube	_____
_____ N/G Tube	_____

OUTPUT

VOIDED 350

CHEST TUBE _____

FOLEY CATH _____

N/G _____

EMESIS _____

OTHER _____

TOTAL _____

DTT .5cc IM _____ HYPERTET 250 UNITS IM _____

MANUFACTURER: _____ LOT # _____

CBC
PT-PTT
SMA 6
SMA 12
Amylase
Myoglobin
T & C
ETOH
UA
UA Tox

LAES SENT

OTHER

TIME

ARTERIAL BLOOD GAS

TIME:	WBC	Hgb	Hct	RT	PFT	PLATELETS	
	13.4	15.0	44.9	11.1	28	225	
TIME:	NA	K	CL	CO ₂	GLUCOSE	CREAT	BUN
TIME:	Amylase	ETOH	CK				
		260					
DRUG SCREEN							

[illegible]



Thomas
Jefferson
University
Hospital

EMERGENCY DEPARTMENT
955-6840

132 South 10th Street
Philadelphia, Pa. 19107-5244

Thomas Jefferson University Hospital Emergency Department

AFTERCARE INSTRUCTIONS

for ROBERT REVAK, Sunday, April 3, 1994, 7:14 am
(#00850725)

IMPORTANT: We have examined and treated you today on an emergency basis. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again or return here as directed. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

Your treatment was supervised today by Dr. Alan Forstater.

PATIENTS WITH HMO OR HEALTHPASS MUST OBTAIN APPROVAL FROM THEIR PRIMARY CARE PHYSICIAN PRIOR TO ANY FOLLOW-UP.

HEAD INJURY (Concussion).

A head injury shakes up the brain a bit. Examination of your brain and nerves was normal. Sometimes, though, problems can show up later.

Rest quietly for about a day. Eat simple foods, such as soup. Someone else should watch you for the problems listed below. (Someone who does not have an injured head.) Have them wake you to check for symptoms every 4 hours.

- 1) Repeated or persistent vomiting.
- 2) Headache which worsens or lasts more than a day.
- 3) Unequal pupils (one large and one small).
- 4) Difficulty seeing, walking or using the arms.
- 5) Dizziness, confusion, or loss of consciousness.
- 6) Difficulty in waking the patient.
- 7) Take 2 tylenol for headache every 4 hours.

If you have any of the above symptoms, CALL YOUR DOCTOR RIGHT AWAY.

TORTICOLLIS (Wry neck).

This is a common problem. Sometimes when sleeping in a funny position, you might overstretch one side of your neck. The stretched muscles cramp tightly (spasm) the next day. The pain often starts gradually in the morning. It can be unbearable at its worst. Usually, you can find a comfortable position with the head tilted to the side.

The best treatment is time! Expect the pain and spasm to get better in a day or two. Call your doctor if that doesn't happen. You may get a headache with Torticollis. That should get better fast, also. If you don't get better as planned or if you have any new symptoms, CALL YOUR DOCTOR.

Tylenol

Take two (2) tablets by mouth every four (4) hours as needed for pain or fever.

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

Call as soon as possible to make an appointment to see your doctor in as soon as possible. You can reach your doctor by calling their clinic phone number.

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, return to the Emergency Room.

"I UNDERSTAND THE INSTRUCTIONS ABOVE AS DISCUSSED IN THE EMERGENCY DEPARTMENT."

Patient or Responsible Person

H.D. or R.N.

SEATBELTS.

There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!

THOMAS JEFFERSON UNIVERSITY HOSPITAL
DEPARTMENT OF RADIOLOGY
PRELIMINARY REPORT

☐ IN PATIENT 03 NOV 32 1:18 PM EMT

☒ OUTPATIENT

PATIENT'S NAME: Rewak, Robert PT. NO. 850725

PHYSICIAN: Cauler # TO BE CALLED: 6840

EXAM: c-spine / CCR DATE: 4/2/97

☐ Normal ☐ No Interval Change
☐ NAD ☐ Old films NOT
 available for comparison

CXR - NAD
c-spine - NO fx
no alignment

REPORT CALLED BY _____ DATE _____ TIME _____ AM PM _____ RADIOLOGIST RSP



THOMAS JEFFERSON UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIRECTOR, REX B. CONN, M.D.

EMERGENCY DEPARTMENT
JOSEPH ZECCARDI, M.D.
1ST FLOOR MAIN BLDG
PHILA., PA. 19107-5244

PATIENT REYAK, ROBERT

AGE 56Y SEX M
MR No. 850725 EMC No. 381269

***** COMPLETE BLOOD COUNT (CBC) *****

DATE:	04/03/94	REF RANGE UNITS
TIME:	0059	
LOC:	ED	
WBC	13.4 M	4-11 B/L
RBC	4.92	4.5-6.0 T/L
HGB	15.0	14.0-17 B/dL
HCT	44.9	42-52 Z
MCV	91	80-94 FL
MCH	30.5	27-32 PE
MCHC	33.5	32-36 B/dL
RDW	12.0	11.5-14.5 Z
PLT	277	140-400 B/L

***** MANUAL DIFFERENTIAL *****

DATE:	04/03/94	REF RANGE
TIME:	0059	
LOC:	ED	
Neutrophil	44	40-73
Band	8	0-9
Lymphocyte	45 M	20-44
Monocyte	2 L	3-13
Eosinophil	1	0-6
Platelet Scan	NORMAL	NORM

***** COAGULATION *****

TEST:	Protime	International Normalized Ratio	PTT
-------	---------	--------------------------------------	-----

UNITS:	sec	sec
RANGE:	11.0-13.4	0.79-1.20
		20-32

04/03/94		
0059	11.8	0.91
		28

CONTINUED

FINAL EPISODE REPORT

PAGE 1

EMERGENCY DEPARTMENT REPORT

PATIENT: REYAK, ROBERT
X-NEW DATA THIS REPORT

H, L, OR *-ABNORMAL RESULT PRINTED 04/04/94 01:05



THOMAS JEFFERSON UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIRECTOR, REX B. CONN, M.D.

EMERGENCY DEPARTMENT
JOSEPH ZECCARDI, M.D.
1ST FLOOR MAIN BLDG
PHILA., PA. 19107-5244

PATIENT REVAK, ROBERT

AGE 56Y SEX M
MR No. 850725 ENC No. 381269

***** CHEM 7 PANEL *****

DATE:	04/03/94	REF RANGE	UNITS
TIME:	0059		
LOC:	ED		
Sodium	137	135-146	mmol/L
Potassium	4.2	3.5-5.0	mmol/L
Chloride	102	98-109	mmol/L
CO2	22 L	24-32	mmol/L
Anion Gap	13	4-16	mmol/L
Urea-N	13	10-26	mg/dL
Glucose	130 H	60-110	mg/dL
Creatinine	1.1	0.7-1.4	mg/dL

***** HEALTH SCREEN 12 *****

DATE:	04/03/94	REF RANGE	UNITS
TIME:	0059		
LOC:	ED		
Protein	7.1	5.0-8.5	g/dL
Albumin	4.2	3.3-5.2	g/dL
Calcium	8.7	8.5-10.5	mg/dL
Phosphate	3.1 H	2.5-4.5	mg/dL
Cholesterol	188	150-250	mg/dL
Glucose	130 H	60-110	mg/dL
Urate	6.3	3.5-8.0	mg/dL
Creatinine	1.1	0.7-1.4	mg/dL
Total Bili	0.7	0.2-1.2	mg/dL
Alk Phos	101	30-150	IU/L
LD	205	110-220	IU/L
AST(GOT)	21	1-36	IU/L

***** SERUM CHEMISTRY *****

TEST:	CK	CK-MB	Amylase
UNITS:	IU/L	ng/mL	IU/L
RANGE:	24-195	0.0-4.7	20-120

04/03/94			
0059	213H	0.9	39

CONTINUED

FINAL EPISODE REPORT

PAGE 2

EMERGENCY DEPARTMENT REPORT

PATIENT: REVAK, ROBERT
X-NEW DATA THIS REPORT

H, L, OR *-ABNORMAL RESULT

PRINTED 04/04/94 01:05



THOMAS JEFFERSON UNIVERSITY HOSPITAL
CLINICAL LABORATORIES
DIRECTOR, REX B. CONN, M.D.

EMERGENCY DEPARTMENT
JOSEPH ZECCARDI, M.D.
1ST FLOOR MAIN BLDG
PHILA., PA. 19107-5244

PATIENT REVAK, ROBERT

AGE 55Y SEX M
MR No. 850725 ENC No. 381269

***** MISCELLANEOUS DRUGS *****

TEST: Alcohol
UNITS: mg/dL
RANGE: NEG

04/03/94
0059 260E

***** DOCUMENTATION OF PHONED RESULTS *****

04/03/94
0059 PHONED RESULTS (TOX)
CALLED CRITICAL VALUE
ALCOHOL TO BARBARA AT 0133 BY RV

END OF REPORT

FINAL EPISODE REPORT

PAGE 3

EMERGENCY DEPARTMENT REPORT

PATIENT: REVAK, ROBERT
X-NEW DATA THIS REPORT

H, L, OR *-ABNORMAL RESULT

PRINTED 04/04/94 01:05



Thomas
Jefferson
University

Jefferson Associates In Radiology
Consultation Report

111 South 11TH St
Philadelphia, Pa. 19107-5098
(215) 955-6228

REVAK, ROBERT
OUTPATIENT M56 (05/27/37) MR850725

1933

04/03/94 CHEST-PA, CERVICAL SPINE

ORDERED BY: Emergency Department

DIAGNOSIS:

No acute fracture of the cervical spine.

Bilateral apical thickening with small granulomas most consistent with apical granulomatous disease. Comparison with old radiographs is recommended.

COMMENT:

Multiple radiographs of the cervical spine reveal normal alignment of C1 through C7. No acute fractures are identified. There is no prevertebral soft tissue swelling. Odontoid view is negative. Thyroid cartilage is calcified.

A single chest radiograph reveals a normal heart size. There is bilateral apical thickening with small calcific densities in the apex consistent with old apical granulomatous disease. No consolidation or edema are identified.

Dictated and signed: Eric Outwater, M.D./Rita S. Patel, M.D.
Mailed: 04/06/94 4:21 pm

APR 8 1994

copies sent to:
Emergency Department

Medical Records
Founded 1824

Jefferson Medical College • Thomas Jefferson University Hospital • College of Graduate Studies • College of Allied Health Sciences

FINANCIAL

EMERGENCY DEPARTMENT

THOMAS JEFFERSON UNIVERSITY HOSPITAL

TELEPHONE CONSENT FOR THE EMERGENCY TREATMENT OF MINORS

The nature of the condition _____ and the anticipated medical treatment of _____ as well as the risk of and reasonable alternatives to such as well as the risk of such alternatives have been fully explained to and authorized by _____

via monitored telephone call at _____ AM/PM on _____
 The undersigned attest to their participation in this call and to the fact that consent to treatment was given by the above named person.

Date _____ Hospital Personnel _____

Date _____ Witness _____

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

SIGNATURE (Patient or Authorized Representative) _____

DATE _____

CONSENT FOR ROUTINE EXAMINATION AND TREATMENT

I hereby agree and give my consent to any examination or treatment that the attending physician or his/her assistants may deem necessary or advisable during my stay in this Emergency Department. It is understood that this consent does not include operations or any diagnostic procedures beyond routine tests which might be found necessary. At a later date, if such operations or procedures are required during my hospitalization, I understand that I will be asked to give special consent of these operations or procedures.

I also consent to the release of appropriate information for insurance purposes and authorize responsible third parties to pay directly to Hospital Insurance benefits due me for services rendered. I also understand I am responsible for any unpaid balance due Hospital.

SIGNATURE OF PATIENT OR AUTHORIZED REP. _____

DATE _____

WITNESS _____

INTERVIEWER _____

++ DEMOGRAPHIC INFORMATION ++

MED REC#: 00850725 ENC#: 381267 ADMIT DATE: 04/03/94 ADMIT TIME: 00:49

PATIENT INFORMATION

GUARANTOR INFORMATION

EMPLOYER INFORMATION

REVAK, ROBERT
143 RITNER ST

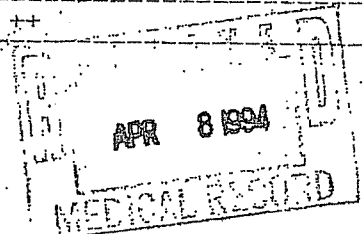
SELF

PHILA PA
ZIPCODE: 19148 -
TELE: 215 563 7793
SOC SEC#:
SEX: M
DOB: 05/27/1937
FIN CLS: A -SELF PAY

RELAT: SELF

HMO/WC INFO
APPRVL CODE:
APPRVL NM:
APPRVL PHONE:

++ INSURANCE INFORMATION ++



REG DATE: 04/03/94 REG TIME: 00:57

SIGNON NAME: ROGERS, BARBARA

Not on EVS

MEDICAL RECORDS

X